

U.S. Department of Justice  
United States Marshals Service

## PROCESS RECEIPT AND RETURN

*See "Instructions for Service of Process by U.S. Marshal"*

PLAINTIFF	COURT CASE NUMBER	
Aaron Abadi	23cv4033	
DEFENDANT	TYPE OF PROCESS	
American Airlines Group Inc, et al	Summons & Complaint	
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN		
SERVE	American Airlines Group, Inc.	
AT	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 1 Skyview Drive Fort Worth, Texas 76155	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		
Aaron Abadi 82 Nassau Street Apt. 140 New York, NY 10038		Number of process to be served with this Form 285
		Number of parties to be served in this case
		Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

Signature of Attorney other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
T. Arora	<input type="checkbox"/> DEFENDANT		9/5/2023

### SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. <i>(Sign only for USM 285 if more than one USM 285 is submitted)</i>	Total Process <b>6/57</b>	District of Origin No. <b>084</b>	District to Serve No. <b>807</b>	Signature of Authorized USMS Deputy or Clerk <i>K. Hutch</i>	Date <b>9/6/2023</b>
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I hereby certify and return that I  have personally served,  have legal evidence of service,  have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above) <i>Norman Deval, Supervisor</i>	Date <b>10/27/23</b>	Time <b>3:50</b>	<input type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only different than shown above)	Signature of U.S. Marshal or Deputy <i>DT</i>		

*Costs shown on attached USMS Cost Sheet >>*

### REMARKS

*2 hr 6 min*